

2815

**TRANSMITTAL
FORM**

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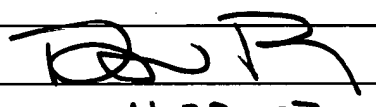
Application Number	09/977,681
Filing Date	Oct. 16, 2001
First Named Inventor	YOSHIHARA et al.
Group Art Unit	2815
Examiner Name	Baumeister, Bradley W.
Attorney Docket Number	15-015

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ENCLOSURES (check all that apply)

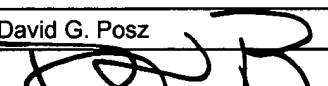
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> To Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request of Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 2px;"> MARKED UP VERSION OF THE AMENDMENT </div> <div style="border: 1px solid black; padding: 2px;"> REQUEST FOR RETURN OF INITIALED FORM PTO-1449 </div> <div style="border: 1px solid black; padding: 2px;"> Copy of PTO-1449 </div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Law Office ^S of David G. Posz
Signature	
Date	11.27.02

OPIE CERTIFICATE OF HAND DELIVERY

I hereby certify that this correspondence is being hand delivered to and deposited with the USPTO at the Customer Service Window, Office of Initial Patent Examination, Crystal Plaza Building 2, Room 1B03, 2011 South Clark Place, Arlington, VA 22202 on the below-indicated date and is addressed to: Assistant Commissioner for Patents, Washington, DC 20231.

Type or printed name	David G. Posz		
Signature		Date	11.27.02



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): YOSHIHARA et al.

Atty. Dkt.: 15-015

Serial No.: 09/977,681

Group Art Unit: 2815

Filed: October 16, 2001

Examiner: BAUMEISTER, BRADLEY W.

Title: SEMICONDUCTOR SENSOR CHIP
HAVING DIAPHRAGM AND
METHOD OF MANUFACTURING
THE SAME

Assistant Commissioner for Patents
Washington, D.C. 20231

Date: Nov. 27, 2002

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Typed Name: DAVID G. POSZ

Signature: 

REQUEST FOR RETURN OF INITIALED FORM PTO-1449

Sir:

Pursuant to MPEP §609, Applicant hereby respectfully requests that the Examiner initial the enclosed copy of the originally-submitted Form PTO-1449 in the appropriate place in the left-hand column as proof that the listed reference has been considered and made of record. Applicant further requests that the Examiner return a copy of the initialed form to the undersigned at his earliest convenience.

Respectfully submitted,



David G. Posz
Reg. No. 37,701

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